

EXHIBIT A

**TO
MOTION IN LIMINE
(DEFENDANT'S PROPOSED EXHIBITS WITH
REDACTIONS)**

CHASE



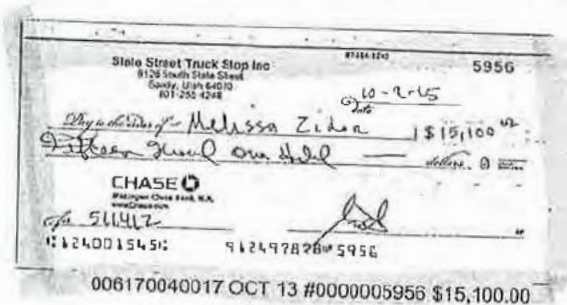
October 01, 2015 through October 30, 2015

Account Number: 000000912

IMAGES

ACCOUNT # 000000912


See both front and back images of cleared checks at Chase.com. If you're not enrolled in this free service, please enroll now.



State Street Truck Stop Inc.

9126 South State Street
Sandy, UT 84070**Invoice**

Date	Invoice #
10/13/2015	1981

Bill To  1548 HIGH AVE SALT LAKE CITY UT 84104
--

PAID
10/13/2015

Item	Description	Amount
511412	14 HUNDAI ELANTRA SILVER	16,572.12T
	SALES TAX 14 HYUNDAI ELANTRA SILVER	1,268.07
Service Contract	Service Contract ELANTRA	700.00T
Service Contract	Service Contract ELANTRA	2,500.00T
	Sales Tax	0.00

Total

\$21,040.19

SSTS 000129



August 01, 2015 through August 31, 2015
Account Number: 000000912497878

IMAGES

(continued)

ACCOUNT # 000000912497878

See both front and back images of cleared checks at Chase.com. If you're not enrolled in this free service, please enroll now.



004980541912 AUG 10 #0000033216 \$5,331.00



009070008053 AUG 07 #0000033218 \$1,165.00



004790846507 AUG 18 #0000033219 \$11,850.00



004180750105 AUG 20 #0000033221 \$5,720.00



003680039423 AUG 14 #0000033222 \$280.00



004590880721 AUG 25 #0000033223 \$46.00



005690798867 AUG 10 #0000033224 \$3,500.00



003290905633 AUG 13 #0000033225 \$10,563.81



003580417354 AUG 12 #0000033226 \$297.50




003290990124 AUG 21 #0000033227 \$350.00

State Street Truck Stop Inc.

9126 South State Street
Sandy, UT 84070**Invoice**

Date	Invoice #
8/6/2015	1839

Bill To


 8754 A ALTAIR DR
 SANDY UT 84093

PAID
08/17/2015

Item	Description	Amount
824212	14 NISSAN VERSA BLACK	12,020.00T
	SALES TAX 14 NISSAN VERSA BLACK	964.41
Service Contract	Service Contract	1,495.00T
Service Contract	Service Contract	795.00T
	Sales Tax	0.00

Total

\$15,274.41

SSTS 000127


☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. STATE STREET TRUCK STOP INC. 9126 SOUTH STATE STREET [REDACTED]		1 Rents \$ 2 Royalties \$ 3 Other income \$	OME No. 1545-0115 2015 Form 1099-MISC	Miscellaneous Income
PAYER'S federal identification number 87- [REDACTED]	RECIPIENT'S identification number 4 [REDACTED]	5 Fishing boat proceeds \$	4 Federal income tax withheld \$	
RECIPIENT'S name MELISSA ROBERTS UTAH CREDIT APPROVAL Street address (including apt. no.) [REDACTED] City or town, state or province, country, and ZIP or foreign postal code [REDACTED]		7 Nonemployee compensation \$ [REDACTED]	6 Medical and health care payments \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2015 General Instructions for Certain Information Returns.
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest \$	
FATCA filing requirement <input type="checkbox"/> 2nd TIN not <input type="checkbox"/>		10 Crop insurance proceeds \$	11	
13 Excess golden parachute payments \$		12	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

SSTS 000001

9595 ☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. STATE STREET TRUCK STOP INC. [REDACTED]		1 Rents \$	OMB No. 1545-0115 2016 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center	
PAYER'S federal identification number 87- [REDACTED]	RECIPIENT'S identification number 81- [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name MELISSA ROBERTS UTAH CREDIT APPROVAL		7 Nonemployee compensation \$ [REDACTED]	8 Substitute payments in lieu of dividends or interest \$	For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.	
Street address (including apt. no.) [REDACTED]		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale to <input type="checkbox"/> \$	10 Crop insurance proceeds \$		
City or town, state, and ZIP or foreign postal code [REDACTED]		11	12		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/> 2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	




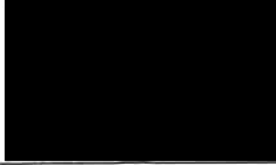

Form 1099-MISC LMA 41-0352411 5110 www.irs.gov/form1099misc Department of the Treasury - Internal Revenue Service

SSTS 000002

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. STATE STREET TRUCK STOP INC. [REDACTED]		1 Rents \$ [REDACTED]	OMB No. 1545-0115 2017 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$	3 Other income \$	4 Federal income tax withheld \$	
PAYER'S federal identification number 87- [REDACTED]	RECIPIENT'S identification number 81- [REDACTED]	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy C For Payer or State Copy or Copy 2	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code MELISSA ROBERTS UTAH CREDIT APPROVAL [REDACTED]		7 Nonemployee compensation \$ [REDACTED]	8 Substitute payments in lieu of dividends or interest \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2017 General Instructions for Certain Information Returns.
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	2nd TIN not <input type="checkbox"/>	11	12	
13 Excess golden parachute payments \$		14 Gross proceeds paid to an attorney \$			
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$		17 State/Payer's state no.	18 State income \$
Form 1099-MISC		LMC/LM2	www.irs.gov/form1099misc	5112	Department of the Treasury - Internal Revenue Service

SSTS 000003

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-0115 2018 Form 1099-MISC		Miscellaneous Income Copy C For Payer or State Copy or Copy 2		
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. STATE STREET TRUCK STOP INC. 		1 Rents \$	2 Royalties \$		For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.	
PAYER'S TIN 87- 		3 Other income \$	4 Federal income tax withheld \$			
RECIPIENT'S TIN 81- 		5 Fishing boat proceeds \$	6 Medical and health care payments \$			
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code MELISSA ROBERTS UTAH CREDIT APPROVAL 		7 Nonemployee compensation \$ 	8 Substitute payments in lieu of dividends or interest \$			
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	2nd TIN not <input type="checkbox"/>	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$	
15a Section 409A deferrals \$		15b Section 409A income \$		11	12	
				13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
				16 State tax withheld \$	17 State/Payer's state no. \$	
				18 State income \$		

Form 1099-MISC LMC/LM2 www.irs.gov/Form1099MISC 5112 Department of the Treasury - Internal Revenue Service

SSTS 000004

Void <input type="checkbox"/>		a Employee's social security number 49 [REDACTED]		Copy D — For Employer OMB No. 1545-0008	
b Employer identification number (EIN) 87-05 [REDACTED]		1 Wages, tips, other compensation [REDACTED] 00		2 Federal income tax withheld [REDACTED] 0	
c Employer's name, address, and ZIP code STATE STREET TRUCK STOP INC. [REDACTED]		3 Social security wages [REDACTED] 00		4 Social security tax [REDACTED] 5	
		5 Medicare wages [REDACTED] 00		6 Medicare tax withheld [REDACTED] 2	
d [REDACTED]		7 Social security tips [REDACTED]		8 Allocated tips [REDACTED]	
		9 [REDACTED]		10 Dependent care benefits [REDACTED]	
e Employee's name, address, and ZIP code MELISSA J ROBERTS [REDACTED]		11 Nonqualified plans [REDACTED]		12a See instructions for box 12 [REDACTED]	
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b [REDACTED]	
		14 Other [REDACTED]		12c [REDACTED]	
				12d [REDACTED]	
15 State Employer's state ID number UT 124 [REDACTED]		16 State wages, tips, etc. [REDACTED]		17 State income tax [REDACTED]	
		18 Local wages, tips, etc. [REDACTED]		19 Local income tax [REDACTED]	
				20 Locality name [REDACTED]	

Form **W-2** Wage and Tax
Statement
Copy D — For Employer

REV 12/21/17 QBDT

2017

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction
Act Notice, see separate instructions.

SSTS 000005

Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return 2015** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 25

See separate instructions.

Your social security number
496 [REDACTED]

Spouse's social security no.
[REDACTED]

MELISSA J ROBERTS
[REDACTED]

Filing Status

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

c ☐ Dependents:

(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ If child under age 17 qualifying for child tax credit (see inst.)

Scenes checked on 6a and 6b: 1

No. of children on 6c who: 3

• lived with you

• did not live with you due to divorce or separation (see inst.) 0

Dependents on 6c not entered above 0

d Total number of exemptions claimed Add numbers on lines above ▶ 4

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions 15a Taxable amount 15b

16a Pensions and annuities 16a Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20a Taxable amount 20b

21 Other income. List type and amount

22 Combine the amts. in the far right column for lines 7 through 21. This is your total income ▶

Adjusted Gross Income

23 Educator expenses

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

27 Deductible part of self-employment tax. Attach Schedule SE

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities ded. Attach Form 8803

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2015)

FOIA 15 10401 BWP 1040 Form Software Copyright 1998–2018 HRB Tax Group, Inc.

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MR0830

Form 1040 (2015)

ROBERTS

Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38
	39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a	
		if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39a	
Standard Deduction for--	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b	
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40
• All others: Single or Married filing separately, \$6,300	41	Subtract line 40 from line 38	41
Married filing jointly or Qualifying widow(er), \$12,600	42	Exemptions. If line 38 is \$154,000 or less, multiply \$4,000 by the number on line 42. Otherwise, see instructions	42
Head of household, \$9,250	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4872 c <input type="checkbox"/>	44
	45	Alternative minimum tax (see instructions). Attach Form 6251	45
	46	Excess advance premium tax credit repayment. Attach Form 8962	46
	47	Add lines 44, 45 and 46	47
	48	Foreign tax credit. Attach Form 1116 if required	48
	49	Credit for child & dependent care expenses. Attach Form 2441	49
	50	Education credits from Form 8863, line 19	50
	51	Retirement savings contributions credit. Attach Form 8880	51
	52	Child tax credit. Attach Schedule 8812, if required	52 3,000
	53	Residential energy credit. Attach Form 5695	53
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54
	55	Add lines 48 through 54. These are your total credits	55
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56
Other Taxes	57	Self-employment tax. Attach Schedule SE	57
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	60a	Household employment taxes from Schedule H	60a
	b	First-time homebuyer credit repayment. Attach Form 5406 if required	60b
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62
	63	Add lines 58 through 62. This is your total tax	63
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64 9,964
	65	2015 estimated tax payments & amt. applied from 2014 return	65
	66a	Earned income credit (EIC)	66a
If you have a qualifying child, attach Schedule EIC.	b	Non-taxable combat pay election <input type="checkbox"/> 66b	
	67	Additional child tax credit. Attach Schedule 8812	67
	68	American opportunity credit from Form 8863, line 8	68
	69	Net premium tax credit. Attach Form 8862	69
	70	Amount paid with request for extension to file	70
	71	Excess social security and tier 1 FICA tax withheld	71
	72	Credit for federal tax on fuels. Attach Form 4136	72
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75
Direct deposit?	76a	Amount of line 75 you want refunded to you. If Form 8879 is attached, check here <input type="checkbox"/>	76a
See Instructions.	b	Routing no. 1 0 1 0 8 9 7 4 2 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account no. 7 6 1 9 1 7 5 6 9 4	
	77	Amount of line 75 you want applied to your 2016 estimated tax <input type="checkbox"/> 77	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions <input type="checkbox"/>	78
	79	Estimated tax penalty (see instructions)	79
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name	HRB TAX GROUP INC	Phone 801-302-0334
	Personal identification number (PIN)	43970	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
			If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	RACHEL ROSE		08-06-2018
	Firm's name	HRB TAX GROUP INC	Firm's EIN
	Firm's address	10485 S REDWOOD RD	Phone no.
	SOUTH JORDAN UT 84095		801-253-4127

www.irs.gov/form1040

FOIA

15 10402

BWP 1040

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Form 1040 (2015)

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MR0831

#1,
SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1095.

OMB No. 1545-0074

2015Attachment
Sequence No. 09

Name of proprietor

MELISSA J ROBERTS

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

NONDEPOSITORY CREDIT INTERMEDIATION (INCLUDING SALES FI

B Enter code from instructions

▶ 522200

C Business name. If no separate business name, leave blank.

UTAH CREDIT APPROVAL

D Employer ID no. (EIN), (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code SANDY, UT 84070

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2015, check here

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ NoJ If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No**Part I Income**1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐

2 Returns and allowances

3 Subtract line 2 from line 1

4 Cost of goods sold (from line 42)

5 Gross profit. Subtract line 4 from line 3

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

7 Gross income. Add lines 5 and 6

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising 8 6,471

9 Car and truck expenses

(see instructions) 9

10 Commissions and fees 10

11 Contract labor (see instructions) 11 8,200

12 Depreciation 12

13 Depreciation and section 179

expense deduction (not

included in Part III) (see instr.) 13

14 Employee benefit programs

(other than on line 19) 14

15 Insurance (other than health) 15

16 Interest:

a Mortgage (paid to banks, etc.) 16a

b Other 16b

17 Legal and professional services 17 8,000

18 Office expense (see instructions) 18

19 Pension & profit-sharing plans 19

20 Rent or lease (see instructions):

a Vehicles, machinery, and equipment 20a

b Other business property 20b

21 Repairs and maintenance 21

22 Supplies (not included in Part III) 22

23 Taxes and licenses 23

24 Travel, meals, and entertainment:

a Travel 24a

b Deductible meals and

entertainment (see instructions) 24b

25 Utilities 25

26 Wages (less employment credits) 26

27a Other expenses (from line 48) 27a

b Reserved for future use 27b

28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28

29 Tentative profit or (loss). Subtract line 28 from line 7 29

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829

unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: Use the Simplified

and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29. 31

• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.

(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and

on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions).

Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☒ All investment is at risk.32b ☐ Some investment is not

at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

FDA 15 C1 BWF 1040 Form Software Copyright 1995 - 2016 H&R Tax Group, Inc.

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ATTORNEY EYES ONLY**MR0832**

#1

Schedule C (Form 1040) 2015

ROBERTS

Page 2

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to

value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?

If "Yes," attach explanation ☐ Yes ☒ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation

35

36 Purchases less cost of items withdrawn for personal use

36

37 Cost of labor. Do not include any amounts paid to yourself

37

38 Materials and supplies

38

39 Other costs

39

40 Add lines 35 through 39

40

41 Inventory at end of year

41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No47a Do you have evidence to support your deduction? ☐ Yes ☐ Nob If "Yes," is the evidence written? ☐ Yes ☐ No**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

BUSINESS TELEPHONE

48 Total other expenses. Enter here and on line 27a

48

FDA 15 C2 BWF 1040 Form Software Copyright 1995 - 2016 H&B Tax Group, Inc.

Schedule C (Form 1040) 2015

**CONFIDENTIAL
ATTORNEY EYES ONLY****MR0833**

Form **8829**Department of the Treasury
Internal Revenue Service (99)**Expenses for Business Use of Your Home**

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

► Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.

OMB No. 1545-0074

2015Attachment
Sequence No. 176

Name(s) of proprietor(s)

MELISSA J ROBERTS

Your social security no.

Part I Part of Your Home Used for Business

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) 1
- 2 Total area of home 2
- 3 Divide line 1 by line 2. Enter the result as a percentage 3
- For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.
- 4 Multiply days used for daycare during year by hours used per day 4 hr.
- 5 Total hours available for use during the year (365 days x 24 hours) (see instructions) 5 8,760 hr.
- 6 Divide line 4 by line 5. Enter the result as a decimal amount 6
- 7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 7

Part II Figure Your Allowable Deduction

- 8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions). See instructions for columns (a) and (b) before completing lines 9-21. 8
- | | (a) Direct expenses | (b) Indirect expenses | |
|--|---------------------|-----------------------|--|
| 9 Casualty losses (see instructions) 9 | | | |
| 10 Deductible mortgage interest (see instructions) 10 | | | |
| 11 Real estate taxes (see instructions) 11 | | | |
| 12 Add lines 9, 10, and 11 12 | | | |
| 13 Multiply line 12, column (b) by line 7 13 | | | |
| 14 Add line 12, column (a) and line 13 14 | | | |
| 15 Subtract line 14 from line 8. If zero or less, enter -0- 15 | | | |
| 16 Excess mortgage interest (see instructions) 16 | | | |
| 17 Insurance 17 | | | |
| 18 Rent 18 | | | |
| 19 Repairs and maintenance 19 | | | |
| 20 Utilities 20 | | | |
| 21 Other expenses (see instructions) 21 | | | |
| 22 Add lines 16 through 21 22 | | | |
| 23 Multiply line 22, column (b) by line 7 23 | | | |
| 24 Carryover of prior year operating expenses (see instructions) 24 | | | |
| 25 Add line 22, column (a), line 23, and line 24 25 | | | |
| 26 Allowable operating expenses. Enter the smaller of line 15 or line 25 26 | | | |
| 27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 27 | | | |
| 28 Excess casualty losses (see instructions) 28 | | | |
| 29 Depreciation of your home from line 41 below 29 | | | |
| 30 Carryover of prior year excess casualty losses and depreciation (see instructions) 30 | | | |
| 31 Add lines 28 through 30 31 | | | |
| 32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 32 | | | |
| 33 Add lines 14, 26, and 32 33 | | | |
| 34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions) 34 | | | |
| 35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions 35 | | | |

Part III Depreciation of Your Home

- 36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions) 36
- 37 Value of land included on line 36 37
- 38 Basis of building. Subtract line 37 from line 36 38
- 39 Business basis of building. Multiply line 38 by line 7 39
- 40 Depreciation percentage (see instructions) 40
- 41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 41

Part IV Carryover of Unallowed Expenses to 2016

- 42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- 42
- 43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0- 43

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8829 (2015)

FDA 15 88291 BWF 1040 U Form Software Copyright 1996 - 2015 HRB Tax Group, Inc.

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Form 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return 2016 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.									
For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 20									
MELISSA J ROBERTS <div style="background-color: black; width: 150px; height: 30px; margin-top: 10px;"></div>									
See separate instructions. Your social security number <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div> Spouse's social security no. <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div> ▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse									
Filing Status Check only one box.	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child								
Exemptions If more than four dependents, see Inst. A check here ▶	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input type="checkbox"/> Spouse c Dependents: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="background-color: black; height: 40px;"></td> </tr> </tbody> </table>	(1) First name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit				
(1) First name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit						
Boxes checked on 6a and 6b: 1 No. of children on 6c who: • lived with you: 3 • did not live with you due to divorce or separation (see inst.): 0 Dependents on 6c not entered above: 1 Add numbers on lines above: 5									
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.	7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends 10 Taxable refunds, credits, or offsets of state and local income taxes 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 16a Pensions and annuities 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits 21 Other income. List type and amount 22 Combine the amts. in the far right column for lines 7 through 21. This is your total income								
Adjusted Gross Income	23 Educator expenses 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 Deductible part of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ▶ 32 IRA deduction 33 Student loan interest deduction 34 Tuition and fees. Attach Form 8817 35 Domestic production activities deduction. Attach Form 8803 36 Add lines 23 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income								

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2016)

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MR0835

Form 1040 (2018)

ROBERT'S

Page 2

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$8,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	39b	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39b		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
	41	Subtract line 40 from line 38	41	
	42	Exemptions. If line 38 is \$18,650 or less, multiply \$4,050 by the number on line 42. Otherwise, see instructions	42	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47		
48	Foreign tax credit. Attach Form 1116 if required	48		
49	Credit for child & dependent care expenses. Attach Form 2441	49		
50	Education credits from Form 8863, line 19	50		
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required	52		
53	Residential energy credits. Attach Form 5695	53		
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55	Add lines 48 through 54. These are your total credits	55		
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56		
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 58 through 62. This is your total tax	63		
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	64	
	65	2018 estimated tax payments & amt. applied from 2015 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b	66b	
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 6885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74		
Refund Direct deposit? See instructions.	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
Amount You Owe	b	Routing no. 1 0 1 0 8 9 7 4 2 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account no. 7 6 1 9 1 7 5 6 9 4		
77	amt. of line 75 you want applied to your 2017 estimated tax ▶	77		
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78		
79	Estimated tax penalty (see instructions)	79		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name ▶	HRB TAX GROUP INC	Phone no. ▶	801-253-4127
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	Daytime phone number
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation
				If the IRS sent you an Identity Protection PIN, enter it here (see list).
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	RACHEL ROSE		08-06-2018	PTIN P00278356
	Firm's name ▶	HRB TAX GROUP INC	Firm's EIN ▶	
	Firm's address ▶	10485 S REDWOOD RD	Phone no.	801-253-4127
SOUTH JORDAN UT 84095				

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MR0836

#1
SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2016Attachment
Sequence No. 09

Name of proprietor

MELISSA J ROBERTS

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

NONDEPOSITORY CREDIT INTERMEDIATION (INCLUDING SALES FI

B Enter code from instructions

▶ 522200

C Business name. If no separate business name, leave blank.

UTAH CREDIT APPROVAL

D Employer ID no. (EIN), (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses ☒ Yes ☐ NoH If you started or acquired this business during 2016, check here ☐ Yes ☒ NoI Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ NoJ If "Yes," did you or will you file required Forms 1099? ☐ Yes ☒ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension & profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depreciation	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
26 Total expenses before expenses for business use of your home	26		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31				
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2016

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#1

Schedule C (Form 1040) 2016

Page 2

Part III Cost of Goods Sold (see instructions)

35 Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

36 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) 01-05-2016

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business 2 b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

BUSINESS TELEPHONE

48 Total other expenses. Enter here and on line 27a 48

FDA 18 C2 BWF 1040 Form Software Copyright 1996 - 2017 HRB Tax Group, Inc. Schedule C (Form 1040) 2016

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SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Self-Employment Tax**Information about Schedule SE & its separate instructions is at www.irs.gov/schedulese.

Attach to Form 1040 or Form 1040NR.

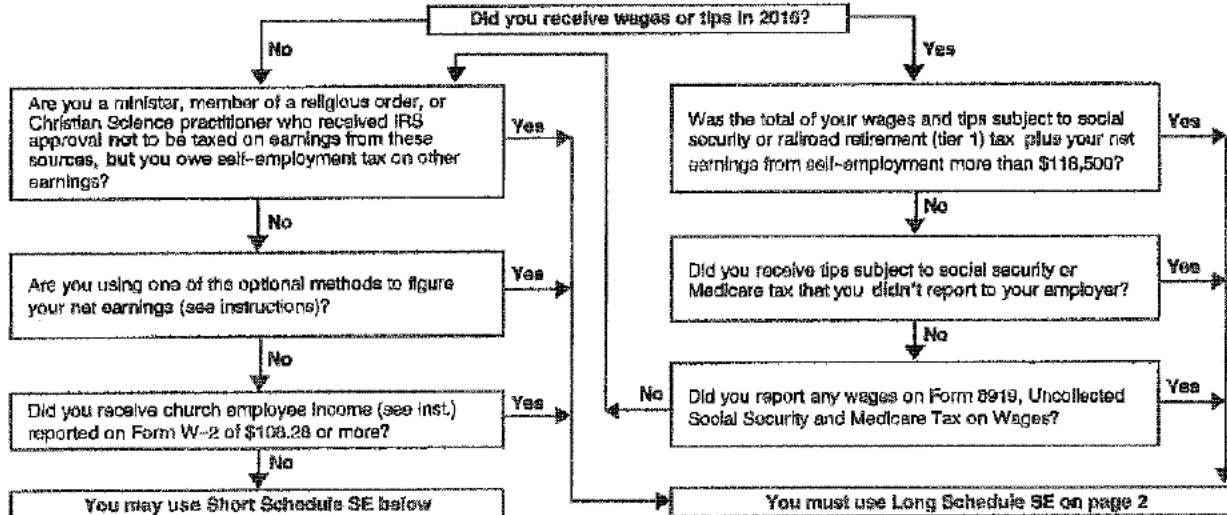
OMB No. 1545-0074

2016Attachment
Sequence No. 17Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) **MELISSA J ROBERTS** Social security number of person with self-employment income [REDACTED]

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.

**Section A — Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.**

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 8, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	
3	Combine lines 1a, 1b, and 2	3	
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	
5	Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,894 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55.	5	
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2016

FDA 16 SE1 BWF 1040 Form Software Copyright 1998 - 2017 HRB Tax Group, Inc.

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ATTORNEY EYES ONLY**MR0839**

Form **8829**Department of the Treasury
Internal Revenue Service (99)**Expenses for Business Use of Your Home**

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.
► Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.

OMB No. 1545-0074

2016Attachment
Sequence No. 176

Name(s) of proprietor(s)

MELISSA J ROBERTS

Your social security no.

Part I Part of Your Home Used for Business

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) 1
- 2 Total area of home 2
- 3 Divide line 1 by line 2. Enter the result as a percentage 3
- For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.
- 4 Multiply days used for daycare during year by hours used per day 4 hr.
- 5 Total hours available for use during the year (360 days x 24 hours) (see instructions) 5 8,784 hr.
- 6 Divide line 4 by line 5. Enter the result as a decimal amount 6
- 7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 7

Part II Figure Your Allowable Deduction

- 8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions). See instructions for columns (a) and (b) before completing lines 9-21. 8
- | | (a) Direct expenses | (b) Indirect expenses |
|--|---------------------|-----------------------|
| 9 Casualty losses (see instructions) 9 | | |
| 10 Deductible mortgage interest (see instructions) 10 | | |
| 11 Real estate taxes (see instructions) 11 | | |
| 12 Add lines 9, 10, and 11 12 | | |
| 13 Multiply line 12, column (b) by line 7 13 | | |
| 14 Add line 12, column (a) and line 13 14 | | |
| 15 Subtract line 14 from line 8. If zero or less, enter -0- 15 | | |
| 16 Excess mortgage interest (see instructions) 16 | | |
| 17 Insurance 17 | | |
| 18 Rent 18 | | |
| 19 Repairs and maintenance 19 | | |
| 20 Utilities 20 | | |
| 21 Other expenses (see instructions) 21 | | |
| 22 Add lines 16 through 21 22 | | |
| 23 Multiply line 22, column (b) by line 7 23 | | |
| 24 Carryover of prior year operating expenses (see instructions) 24 | | |
| 25 Add line 22, column (a), line 23, and line 24 25 | | |
| 26 Allowable operating expenses. Enter the smaller of line 15 or line 25 26 | | |
| 27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 16 27 | | |
| 28 Excess casualty losses (see instructions) 28 | | |
| 29 Depreciation of your home from line 41 below 29 | | |
| 30 Carryover of prior year excess casualty losses and depreciation (see instructions) 30 | | |
| 31 Add lines 28 through 30 31 | | |
| 32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 32 | | |
| 33 Add lines 14, 26, and 32 33 | | |
| 34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4694 (see instructions) 34 | | |
| 35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions 35 | | |

Part III Depreciation of Your Home

- 36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions) 36
- 37 Value of land included on line 36 37
- 38 Basis of building. Subtract line 37 from line 36 38
- 39 Business basis of building. Multiply line 38 by line 7 39
- 40 Depreciation percentage (see instructions) 40
- 41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 41

Part IV Carryover of Unallowed Expenses to 2017


- 42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- 42
- 43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0- 43

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8829** (2016)

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CONFIDENTIAL
ATTORNEY EYES ONLY**MR0840**

Form 1040		Department of the Treasury—Internal Revenue Service (99)		U.S. Individual Income Tax Return 2017		OMB No. 1545-0074		IRS Use Only—Do not write or staple in this space.	
For the year Jan. 1–Dec. 31, 2017, or other tax year beginning						2017, ending		20	
MELISSA J ROBERTS 						See separate instructions.			
						Your social security number			
						Spouse's social security number			
						Make sure the SSN(s) above and on line 6c are correct.			
Filing Status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) (see instructions)						Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse			
Exemptions If more than four dependents, see Inst. 6 and check here ▶						6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a. b <input checked="" type="checkbox"/> Spouse c <input type="checkbox"/> Dependents:			
(2) Dependent's social security number (3) Dependent's relationship to						(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see Inst.) (5) <input type="checkbox"/> If child under age 17 qualifying for dependent care credit (see Inst.)			
d Total number of exemptions claimed						Add numbers on lines above ▶ 5			
Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2						7			
8a Taxable interest. Attach Schedule B if required						8a			
b Tax-exempt interest. Do not include on line 8a						8b			
9a Ordinary dividends. Attach Schedule D if required						9a			
b Qualified dividends						9b			
10 Taxable refunds, credits, or offsets of state and local income taxes						10			
11 Alimony received						11			
12 Business income or (loss). Attach Schedule C or C-EZ						12			
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶						13			
14 Other gains or (losses). Attach Form 4797						14			
15a IRA distributions						15a			
b Taxable amount						15b			
16a Pensions and annuities						16a			
b Taxable amount						16b			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E						17			
18 Farm income or (loss). Attach Schedule F						18			
19 Unemployment compensation						19			
20a Social security benefits						20a			
b Taxable amount						20b			
21 Other income. List type and amount						21			
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶						22			
Adjusted Gross Income 23 Educator expenses						23			
24 Certain business expenses of reservists, performing artists, and fee-based government officials. Attach Forms 2100 or 2109-EZ						24			
25 Health savings account deduction. Attach Form 8889						25			
26 Moving expenses. Attach Form 3903						26			
27 Deductible part of self-employment tax. Attach Schedule SE						27			
28 Self-employed SEP, SIMPLE, and qualified plans						28			
29 Self-employed health insurance deduction						29			
30 Penalty on early withdrawal of savings						30			
31a Alimony paid						31a			
b Recipient's SSN ▶						31b			
32 IRA deduction						32			
33 Student loan interest deduction						33			
34 Tuition and fees. Attach Form 8917						34			
35 Domestic production activities deduction. Attach Form 9903						35			
36 Add lines 23 through 35						36			
37 Subtract line 36 from line 22. This is your adjusted gross income ▶						37			

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040

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Form 1040 (2017)

ROBERT'S

Page 2

Tax and Credits		38	Amount from line 37 (adjusted gross income)	38	
Standard Deduction for-- <input type="checkbox"/> People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. <input type="checkbox"/> All others: <input type="checkbox"/> Single or Married filing separately, \$6,350 <input type="checkbox"/> Married filing jointly or Qualifying widow(er), \$12,700 <input type="checkbox"/> Head of household, \$9,350	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a			
	39b	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b			
	40	b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b			
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40		
	41	Subtract line 40 from line 38	41		
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,300 by the number on line 42. Otherwise, see instructions	42		
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43		
	44	Tax (see inst.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44		
	45	Alternative minimum tax (see instructions). Attach Form 6251	45		
	46	Excess advance premium tax credit repayment. Attach Form 8962	46		
Other Taxes	47	Add lines 44, 45, and 46	47		
	48	Foreign tax credit. Attach Form 1116 if required	48		
	49	Credit for child & dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit. Attach Schedule 8812, if required	52		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 3801 c <input type="checkbox"/>	54		
	55	Add lines 48 through 54. These are your total credits	55		
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56		
Payments	57	Self-employment tax. Attach Schedule SE	57		
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
	60a	Household employment taxes from Schedules H	60a		
	60b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
	61	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	61		
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8980 c <input type="checkbox"/> Instructions; enter code(s)	62		
	63	Add lines 56 through 62. This is your total tax	63		
	64	Federal income tax withheld from Forms W-2 and 1099	64		
	65	2017 estimated tax payments & amt. applied from 2018 return	65		
Refund	66a	Earned income credit (EIC)	66a		
	66b	Nontaxable combat pay election <input type="checkbox"/> 66b	66b		
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Net premium tax credit. Attach Form 8962	69		
	70	Amount paid with request for extension to file	70		
	71	Excess social security and tier 1 RRTA tax withheld	71		
	72	Credit for federal tax on fuels. Attach Form 4136	72		
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74		
Amount You Owe	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75		
	76a	Amount of line 75 you want refunded to you. If Form 8878 is attached, check here <input type="checkbox"/>	76a		
	76b	Routing no. XXXXXXXXXXXXXXXXXXXX	76b		
	76c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	76c		
	76d	Account no. XXXXXXXXXXXXXXXXXXXX	76d		
	77	Am't. of line 75 you want applied to your 2018 estimated tax	77		
	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78		
	79	Estimated tax penalty (see instructions)	79		
	Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
		Designee's name	HRB TAX GROUP INC	Phone no.	801-253-4127
Personal identification number (PIN)		43970			
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature		Date	Your occupation	Daytime phone number	
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
Joint return? See instructions. Keep a copy for your records.					
Print/Type preparer's name					
Preparer's signature					
Date					
Check <input type="checkbox"/> If self-employed					
PTIN					
Firm's EIN					
Firm's name					
Firm's address					
Firm's phone no.					
Firm's fax no.					

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2017)

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MR0842

#1

**SCHEDULE C
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business**
(Sole Proprietorship)Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017Attachment
Sequence No. 09

Name of proprietor

MELISSA J ROBERTS

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

NONDEPOSITORY CREDIT INTERMEDIATION (INCLUDING SALES FI

B Enter code from instructions

522200

C Business name. If no separate business name, leave blank.

D Employer ID no. (EIN) (see instr.)

UTAH CREDIT APPROVAL

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method:

(1) ☒ Cash (2) ☐

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses

Yes ☒ No ☐

H If you started or acquired this business during 2017, check here

Yes ☐ No ☒

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)

Yes ☐ No ☒

J If "Yes," did you or will you file required Forms 1088?

Yes ☐ No ☒**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked

1

2 Returns and allowances

2

3 Subtract line 2 from line 1

3

4 Cost of goods sold (from line 42)

4

5 Gross profit. Subtract line 4 from line 3

5

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)

6

7 Gross income. Add lines 5 and 6

7

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising

8

9 Car and truck expenses (see instructions)

9

10 Commissions and fees

10

11 Contract labor (see instructions)

11

12 Depreciation

12

13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)

13

14 Employee benefit programs (other than on line 19)

14

15 Insurance (other than health)

15

16 Interest:

a Mortgage (paid to banks, etc.)

16a

b Other

16b

17 Legal and professional services

17

18 Office expense (see instructions)

18

19 Pension & profit-sharing plans

19

20 Rent or lease (see instructions):

20

a Vehicles, machinery, and equipment

20a

b Other business property

20b

21 Repairs and maintenance

21

22 Supplies (not included in Part III)

22

23 Taxes and licenses

23

24 Travel, meals, and entertainment:

24

a Travel

24a

b Deductible meals and entertainment (see instructions)

24b

25 Utilities

25

26 Wages (less employment credits)

26

27 a Other expenses (from line 48)

27a

b Reserved for future use

27b

28 Total expenses before expenses for business use of home. Add lines 8 through 27a

28

29 Tentative profit or (loss). Subtract line 28 from line 7

29

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

30

Simplified method filers only: enter the total square footage of: (a) your home:

and (b) the part of your home used for business: Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

30

31 Net profit or (loss). Subtract line 30 from line 29.

31

• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.

(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and

on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

32a ☐ All investment is at risk.32b ☐ Some investment is not at risk.

If you checked 32b, you must attach Form 8198. Your loss may be limited.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2017

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#1

Schedule C (Form 1040) 2017

ROBERTS

Page 2

Part III	Cost of Goods Sold (see instructions)
-----------------	--

- 33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
- 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

- | | | | |
|----|---|----|--|
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 | Materials and supplies | 38 | |
| 39 | Other costs | 39 | |
| 40 | Add lines 35 through 39 | 40 | |
| 41 | Inventory at end of year | 41 | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | |

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year) 01-05-2016
- 44 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- ☒ Business 20,000 ☐ Commuting (see instructions) _____ ☐ Other _____
- 45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No
- 46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No
- 47a Do you have evidence to support your deduction? ☒ Yes ☐ No
- ☒ b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V **Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

BUSINESS TELEPHONE

- FDA 17 02 BWF 1040 Form Software Copyright 1990 - 2018 H&R Tax Group, Inc. Schedule C (Form 1040) 2017

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MR0844

Form **8829**Department of the Treasury
Internal Revenue Service (89)**Expenses for Business Use of Your Home**
▶ File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.
▶ Go to www.irs.gov/Form8829 for instructions and the latest information.

OMB No. 1545-0074

2017Attachment
Sequence No. 176

Name(s) of proprietor(s)

MELISSA J ROBERTS

Your social security no.

Part I Part of Your Home Used for Business

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) 1
- 2 Total area of home 2
- 3 Divide line 1 by line 2. Enter the result as a percentage 3
- For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.
- 4 Multiply days used for daycare during year by hours used per day 4 hr.
- 5 Total hours available for use during the year (365 days x 24 hours) (see instructions) 5 8,760 hr.
- 6 Divide line 4 by line 5. Enter the result as a decimal amount 6
- 7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 7

Part II Figure Your Allowable Deduction

- 8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions). See instructions for columns (a) and (b) before completing lines 9-21. 8
- | | (a) Direct expenses | (b) Indirect expenses | |
|--|---------------------|-----------------------|--|
| 9 Casualty losses (see instructions) 9 | | | |
| 10 Deductible mortgage interest (see instructions) 10 | | | |
| 11 Real estate taxes (see instructions) 11 | | | |
| 12 Add lines 9, 10, and 11 12 | | | |
| 13 Multiply line 12, column (b) by line 7 13 | | | |
| 14 Add line 12, column (a) and line 13 14 | | | |
| 15 Subtract line 14 from line 8. If zero or less, enter -0- 15 | | | |
| 16 Excess mortgage interest (see instructions) 16 | | | |
| 17 Insurance 17 | | | |
| 18 Rent 18 | | | |
| 19 Repairs and maintenance 19 | | | |
| 20 Utilities 20 | | | |
| 21 Other expenses (see instructions) 21 | | | |
| 22 Add lines 16 through 21 22 | | | |
| 23 Multiply line 22, column (b) by line 7 23 | | | |
| 24 Carryover of prior year operating expenses (see instructions) 24 | | | |
| 25 Add line 22, column (a), line 23, and line 24 25 | | | |
| 26 Allowable operating expenses. Enter the smaller of line 15 or line 25 26 | | | |
| 27 Limit on excess casualty losses and depreciation. Subtract line 26 from line 15 27 | | | |
| 28 Excess casualty losses (see instructions) 28 | | | |
| 29 Depreciation of your home from line 41 below 29 | | | |
| 30 Carryover of prior year excess casualty losses and depreciation (see instructions) 30 | | | |
| 31 Add lines 28 through 30 31 | | | |
| 32 Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31 32 | | | |
| 33 Add lines 14, 26, and 32 33 | | | |
| 34 Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions) 34 | | | |
| 35 Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions 35 | | | |

Part III Depreciation of Your Home

- 36 Enter the smaller of your home's adjusted basis or its fair market value (see instructions) 36
- 37 Value of land included on line 36 37
- 38 Basis of building. Subtract line 37 from line 36 38
- 39 Business basis of building. Multiply line 38 by line 7 39
- 40 Depreciation percentage (see instructions) 40
- 41 Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above 41

Part IV Carryover of Unallowed Expenses to 2018

- 42 Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0- 42
- 43 Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0- 43

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8829 (2017)

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Printed from Chase for Business

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Front

[Back](#)

Check amount

CHASE for BUSINESS

Printed from Chase for Business

Check

Front

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND OR WHITE PAPER

STATE STREET TRUCK STOP, INC. 12-87
9120 SOUTH STATE STREET
SANDY, UTAH 84070
255-4240

JP MORGAN CHASE BANK
10620 SOUTH STATE STREET
SANDY, UTAH 84070
07-154/1240

39405

12/14/2018

PAY TO THE ORDER OF UTAH CREDIT APPROVAL

Five Thousand Seven Hundred Sixty-Five and 00/100 *****

UTAH CREDIT APPROVAL
MELISSA CAMERON

MEMO

*****5,765.00 \$

DOLLARS

AUTHORIZED SIGNATURE

Back

SECURITY FEATURES

AFCU > 324377516 < _1626214834080000_20181214

AFCU 1626214834080000 > 324377516 < 024 0000006 BR024-T05 20181214

CREDIT TO THE ACCOUNT
OF THE WITHIN NAMED PARTY

Post date

Check #

Check amount

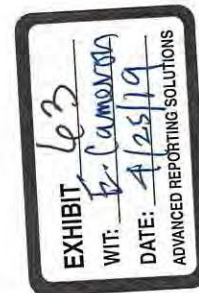
3:03 PM

01/20/19

State Street Truck Stop Inc.

Checks for MELISSA ZIDOR
All Transactions

<u>Num</u>	<u>Date</u>	<u>Account</u>	<u>Amount</u>
5956	10/09/2015	Chase Bank	
33219	08/05/2015	Chase Bank	
Total			



Utah Credit Approval Salesperson Pay Program

Effective July 21, 2016

Spiffs:

- 1) Fast Start – 1st Salesperson to get 10 NEW deals booked/funded, with *store minimum gross*, in the first nine (9) days of the month gets \$1000 in cash on the 10th day of the month.
- 2) 12 O'clock Noon – Any car sold and delivered with correct slips, we owe, down payments and POI signed off will get \$100 cash to be paid on the same day.
- 3) Hat Trick - \$150, to be determined by the desk.
- 4) Team Building Breakfast – When the whole Salesperson Team sales 15 cars/units (English and Spanish sides combined) within a week, the team will go to breakfast with the managers. A week consist of beginning of Saturday business to close of business Friday.

**** These are contingent on the Desk Managers decision.

IF THE BELOW IS NOT FOLLOWED YOU WILL LOSE ALL BONUSES AND PARTS OFF YOUR REGULAR COMMISSION (\$250):

We Owe: In every deal, cash card (used in deal, back or as down payment/A), written and signed by desk -\$100

POI: YTD makes sense with hours and time on job and signed off upfront before deal is sent into the bank -\$100

Stipulations: POR within 25 days, complete references according to bank and current Driver's License(s) -\$100

Insurance: Unit CANNOT be delivered without full coverage and verified before car leaves the lot -\$100

Gross: if the deal is BELOW average -\$100

Chasing Slips: Another Salesperson has to chase Slips for your deal, commission will be cut in half or turned ***

Appointments: EVERY Salesperson is to make one (1) appointment a day. Write in appointment book with complete information for confirmation. -\$100

Desk: A Salesperson will touch the Desk throughout the car buying process. -\$100

Down Payment: If down payments are on hold, COMMISSION IS ON HOLD NO EXCEPTIONS!!!! - Desk Manager to approve pay plans if applicable

One Pay's: The deal will be bought, structured and signed by the following business day – if not EVERYONE loses deal and goes to HOUSE DEAL

UCAD0001

CONFIDENTIAL ATTORNEY EYES ONLY
SUBJECT TO STANDING PROTECTIVE ORDER

Utah Credit Approval Salesperson Pay Program
Effective July 21, 2016

Units Sold	Commission	Bonus
Unit 1		
Unit 2	\$250	Incorrect paperwork -\$100 = commission \$150
Unit 3	\$250	POI NOT signed off -\$100 = commission \$150
Unit 4	\$250	Wrong We Owe -\$100 = commission \$150
Unit 5	\$250	Do not follow up/deal turned divide by 2 = commission \$125
Unit 6	\$250	
Unit 7	\$250	
Unit 8	\$250	
Unit 9	\$250	
Unit 10	\$250	
Unit 11	\$250	
Unit 12	\$250	
Unit 13	\$250	
Unit 14	\$250	
Unit 15	\$300	Commission Bump only if all stipulations have been followed will you get the bump, if not commission stays at regular amount of \$250
Unit 16	\$300	
Unit 17	\$300	
Unit 18	\$400	Commission Bump only if all stipulations have been followed will you get the bump, if not commission stays at regular amount of \$250
Unit 19	\$400	
Unit 20	\$400	
	\$400	\$2000 - If everything has been signed off by Desk Manager as 100 %. See stipulation below

UCAD0002

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SUBJECT TO STANDING PROTECTIVE ORDER

State Street Truck Stop Inc.

1099 Detail

January through December 2015

UCAD0003

Type	Date	Num	Memo	Account	Clr	Split	Original Amo...
H CREDIT APPROVAL							
1-1100065							
check	11/06/2015	5967	06 F150 RED ...	Subcontractors			
check	11/13/2015	33610	charger 09 ca...	Subcontractors			
check	11/20/2015	33632	658634 390...	Subcontractors			
check	12/02/2015	33671	14 CAMRY 1...	Subcontractors			
check	12/14/2015	5985		Subcontractors			
check	12/19/2015	6173		Subcontractors			

UTAH CREDIT APPROVAL

CONFIDENTIAL ATTORNEY EYES ONLY
 SUBJECT TO STANDING PROTECTIVE ORDER

UCAD00004

CONFIDENTIAL ATTORNEY EYES ONLY
SUBJECT TO STANDING PROTECTIVE ORDER

Copy D — For Employer

Form <input type="checkbox"/> W-2 Wage and Tax Statement Copy D — For Employer		Copy D — For Employer OMB No. 1545-0046	
1. Employer identification number 87-0528943		2. Federal income tax withholding	
3. Social security number [REDACTED]		4. Medicare number [REDACTED]	
5. Employer's name, address, and ZIP code [REDACTED]		6. Social security number [REDACTED]	
7. Employer's name, address, and ZIP code MELINDA J ROBERTS [REDACTED]		8. Dependent care benefits	
9. Nonqualified plan		10. See instructions for box 10	
11. State wages, tips, etc. 18146.00		12. State income tax 682.30	
13. Local wages, tips, etc.		14. Local income tax	
15. State income tax		16. Local income tax	

Form **W-2** **Wage and Tax Statement**
 Copy D — For Employer

REV 12/2017 QMST

2017

Department of the Treasury — Internal Revenue Service
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.